



Child Health and Disability Prevention Program **Gateway to Health Coverage**

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Manual Updates Include New Laboratory Sections

Sections in the *CHDP Provider Manual* have been added or updated as follows:

New Laboratory Sections

Clinical laboratory information has been added. Providers are advised to review the following new manual sections:

- The *Laboratories* section includes information about clinical laboratory provider responsibilities and reimbursement
- The *Confidential Screening/Billing Report (PM 160) Claim Form: Completion Instructions for Labs* is a set of instructions to guide clinical laboratory providers in completing their PM 160 claim forms

Provider Enrollment Section

The *Provider Enrollment* section is updated with both general and laboratory information.

- The new address to which providers submit laboratory provider applications is as follows:
 Children's Medical Services Branch
 Provider Services Unit, MS 8100
 P.O. Box 997413
 Sacramento, CA 95899-7413
- There is clarification regarding to whom and where to submit appeal letters. Providers may refer to "Level 2: Children's Medical Services Branch" and "Level 3: California Department of Health Services" in the *Provider Enrollment* section for complete address instructions.
- Definitions of "mobile van" and "satellite center" are added to the *Provider Enrollment* section under the "Onsite Review" heading.

Provider Responsibility Sections

A detailed list of the equipment a provider must maintain in their office to meet CHDP participation requirements has been removed from the *Provider Responsibilities: Health Assessments* section. This information is included in the *Child Health and Disability Prevention (CHDP) Program: Facility Review Tool Scoring Instructions* (DHS 4493) form.

Information about recipient accessibility to CHDP service sites also is added to this section, as is information about recommended and required ages for dental exams. The recommended age is 1 year. The required age is 3 years.

Information about VIS (Vaccine Information Statement) requirements has been added to the *Provider Responsibilities: Immunizations* section.

Rates

Rates for laboratory tests are updated in the *Rates: Maximum Reimbursement for CHDP* section and are displayed in three tables, as follows:

- "Health Assessment Provider: Collection and Handling of Specimens"
- "Health Assessment Provider: Specimen Analyzed by Provider"
- "Clinical Laboratory Provider: Collection and Analysis"

These changes are reflected on manual replacement pages child health bil 6 and 7, conf clm 1 thru 3, conf clm comp 1, 4, 8, 12, 18 thru 20 and 25, conf clm comp lab 1 thru 11, lab 1 and 2, prov enroll 1 thru 19, prov resp hlth 2 thru 6, prov resp imm 3 and rates max chdp 5 and 6.

Age Limit Change for Hepatitis A Vaccine

Effective retroactively to dates of service on or after October 27, 2005, the lower age limit for Child Health and Disability Prevention (CHDP) program billing code 65 (hepatitis A vaccine) has been changed from 2 years of age to 1 year of age.

This updated information is reflected on manual replacement page rates max chdp 3.

New MMRV Vaccine Benefit

Effective for dates of service on or after March 1, 2006, reimbursement for the Child Health and Disability Prevention (CHDP) program billing code 74 (Measles, Mumps, Rubella and Varicella [MMRV]) is a benefit. This vaccine consists of two doses administered at an interval of 28 days, and is reimbursable for recipients between ages 12 months and 18 years, 11 months.

This information is reflected on manual replacement page rates max chdp 4.

CHDP 2006 Poverty Level Income Guidelines

The 2006 Federal Poverty Income Guidelines are effective April 1, 2006 through March 31, 2007. The guidelines are used to determine eligibility for the Child Health and Disability Prevention (CHDP) program. Applicants are eligible if their gross family incomes are at or below the revised poverty levels shown in the following chart. For specific CHDP questions, call the local CHDP program office.

FEDERAL POVERTY INCOME GUIDELINES 200 Percent of Poverty by Family Size

Number of Persons	Gross Monthly Income	Gross Annual Income
1	\$ 1,634	\$ 19,600
2	\$ 2,200	\$ 26,400
3	\$ 2,767	\$ 33,200
4	\$ 3,334	\$ 40,000
5	\$ 3,900	\$ 46,800
6	\$ 4,467	\$ 53,600
7	\$ 5,034	\$ 60,400
8	\$ 5,600	\$ 67,200
9	\$ 6,167	\$ 74,000
10	\$ 6,734	\$ 80,800
For each additional person, add	\$ 567	\$ 6,800

This updated information is reflected on manual replacement page elig chdp 2.

Laboratory Service Frequency Limits Clarification

Retroactive to dates of service on or after January 5, 2004, laboratory services are subject to frequency limits. These limits are set per recipient, per service, per month via the Laboratory Services Reservation System (LSRS). Laboratory providers may use the LSRS to make reservations, or verify if a frequency limit has been reached for a specific recipient for a specific laboratory service prior to performing the procedure. When a reservation is made, the claim must be billed with the provider number used to make the reservation.

Frequency limits may be overridden on a case-by-case basis when the provider submits medical justification to support the frequency of the laboratory service for a recipient. Justification will be reviewed by medical review staff for final authorization. Providers are reminded that laboratory service claims that are denied due to frequency limitations may be appealed with submission of medical justification. Failure to make a laboratory service reservation prior to performing the laboratory service may result in denial of the claim.

The following entities are excluded from frequency limitations when the full laboratory service is rendered onsite: End Stage Renal Disease (dialysis) clinics, county public health clinics, Skilled Nursing Facilities (SNFs), inpatient hospitals and emergency rooms. The following programs are excluded from frequency limitations: California Children's Services, Genetically Handicapped Persons Program and Child Health and Disability Prevention program.

Note: Providers are reminded that independent clinical laboratories that provide services to recipients in SNFs and dialysis clinics must adhere to the same requirements to supply their claims with further documentation in support of medical justification for rendering laboratory services to these recipients.

Providers can go to <http://pro.medi-cal.ca.gov/Docs/Elearning/LSRS3028/HTML/HOME.htm> for an overview of the LSRS process.

Instructions for Manual Replacement Pages

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Remove and replace: *Contents for Child Health and Disability Prevention (CHDP) Program i/ii **
child health bil 5 thru 8

Remove: conf clm 1 thru 5
Insert: conf clm 1 thru 3

Remove and replace: conf clm comp 1 thru 4, 7/8, 11/12, 17 thru 20

Remove: conf clm comp 25/26
Insert: conf clm comp 25

Insert new section after
*Confidential Screening/
Billing Report (PM 160)*
Claim Form section: conf clm comp lab 1 thru 11

Remove and replace: elig chdp 1/2

Insert new section
after the I-L tab: lab 1/2

Remove: prov enroll 1 thru 17
Insert: prov enroll 1 thru 19

Remove: prov resp hlth 1 thru 11
Insert: prov resp hlth 1 thru 6

Remove: prov resp imm 3/4
Insert: prov resp imm 3

Remove: prov resp lab 1

Remove: rates max chdp 3 thru 5
Insert: rates max chdp 3 thru 6

* Pages updated due to ongoing provider manual revisions.